

Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address		Employer Address and I	<sup>2</sup> hone Number
2918 Bandel Ct NW		200 FIRST STREET SW	
ROCHESTER, MN 55901 US		Rochester, MN 55905 US (888) 266-0440	3

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	20-Nov-2024	3-Dec-2024	10-Dec-2024	91,351.94

Summary		
Description	Current	Year to Date
Gross Earnings	3,528.57	88,398.70
Imputed Earnings	15.07	371.79
Pretax Deductions	281.27	6,593.55
Employee Tax Deductions	450.80	11,534.31
Involuntary Deductions	765.68	3,711.86
Net Payment	2,015.75	66,187.19

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				15.07	371.79
Miscellaneous Pay Non				0.00	1,000.00
Benefits					
Paid Time Off	16.00	43.92	1	702.70	13,108.08
Regular Pay	64.00	43.92	1	2,810.80	73,918.83

Regular Pay	64.00	43.92	1	2,810.80
Paid Time Off	16.00	43.92	1	702.70
Description	Hours	Rate	Multiple	Current

Pretax Deductions		
Description	Current	Year to Date
MRA	2.00	46.00
Mayo 403b Plan Employees Contribution	70.27	1,740.55
Mayo Premier	209.00	4,807.00

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	205.69	5,179.83
FIT Withheld	136.02	3,575.80
Medicare Employee Withheld	48.10	1,211.41
SIT Withheld (MN)	60.99	1,567.27



Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
FEDERAL	Married	8	0.00
MN	Married	8	0.00

Other Deductions					
Description				Current	Year to Date
State Tax Levy C	Order			0.00	2,946.18
State Tax Levy C	Order			765.68	765.68
Net Pay Distribution	1				
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
5873936482	MERCHANTS BANK NA	091900193	XXXXXX404	USD	2,015.75

Employer Match		
Description	Current	Year to Date
Mayo 403b Plan Employers Contribution	35.14	870.34



Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address		Employer Address and F	hone Number
2918 Bandel Ct NW ROCHESTER, MN 55901 US		200 FIRST STREET SW Rochester, MN 55905 US (888) 266-0440	

Period Type	Period Start Date	Period End Date	Payment Bate	Base Salary
Biweekly	20-Nov-2024	3-Dec-2024	12-Dec-2024	91,351.94

Summary:		
Description	Current	Year to Date
Gross Earnings	0.00	88,398.70
Imputed Earnings	0.00	371.79
Pretax Deductions	0.00	6,593.55
Employee Tax Deductions	0.00	11,534.31
Involuntary Deductions	0.00	3,711.86
Voluntary Deductions	-765.68	-765.68
Net Payment	765.68	66,952.87

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				0.00	371.79
Miscellaneous Pay Non				0.00	1,000.00
Benefits					
Paid Time Off	0.00			0.00	13,108.08
Regular Pay	0.00			0.00	73,918.83

Pretax Deductions		10
Description	Current	Year to Date
MRA	0.00	46.00
Mayo 403b Plan Employees Contribution	0.00	1,740.55
Mayo Premier	0.00	4,807.00

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	0.00	5,179.83
FIT Withheld	0.00	3,575.80
Medicare Employee Withheld	0.00	1,211.41
SIT Withheld (MN)	0.00	1,567.27

Tax Withholding Information			
Туре	Marital Status	Exemptions	Additional Amount
FEDERAL	Married	8	0.00
MN	Married	8	0.00

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Other Deductions					
Description				Current	Year to Date
State Tax Levy Order				0.00	2,946.18
State Tax Levy Order				0.00	765.68
Miscellaneous Deduction Nonrecurring				-765.68	-765.68
Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
5927317731	MERCHANTS BANK NA	091900193	XXXXXX404	USD	765.68

Mayo 403b Plan Employers Contribution	.00	870.34
Description	Current	Year to Date
Employer Match		



Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address		Employer Address	and Phone Number
2918 Bandel Ct NW		200 FIRST STREET	SW
ROCHESTER, MN 55901 US		Rochester, MN 5590 (888) 266-0440	05 US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	4-Dec-2024	17-Dec-2024	24-Dec-2024	91,351.94

Summary					
Description	Current	Year to Date			
Gross Earnings	3,528.57	91,927.27			
Imputed Earnings	15.07	386.86			
Pretax Deductions	281.27	6,874.82			
Employee Tax Deductions	450.81	11,985.12			
Involuntary Deductions	765.67	4,477.53			
Voluntary Deductions	0.00	-765.68			
Net Payment	2,015.75	68,968.62			

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				15.07	386.86
Miscellaneous Pay Non				0.00	1,000.00
Benefits					
Paid Time Off	0.00			0.00	13,108.08
Regular Pay	80.00	43.92	1	3,513.50	77,432.33

Regular Pay	80.00	43.92	1	3,513.50
Description	Hours	Rate	Multiple	Current

Pretax Deductions		
Description	Current	Year to Date
MRA	2.00	48.00
Mayo 403b Plan Employees Contribution	70.27	1,810.82
Mayo Premier	209.00	5,016.00

Tax Deductions				
Description	Current	Year to Date		
Social Security Employee Withheld	205.69	5,385.52		
FIT Withheld	136.02	3,711.82		
Medicare Employee Withheld	48.11	1,259.52		
SIT Withheld (MN)	60.99	1,628.26		



Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
FEDERAL	Married	8	0.00
MN	Married	8	0.00

Other Deductions						
Description				Current		Year to Date
State Tax Levy 0	Order			0.00		2,946.18
State Tax Levy (	Order			0.00		765.68
State Tax Levy 0	State Tax Levy Order 765.67				765.67	
Miscellaneous Deduction Nonrecurring				0.00		-765.68
Net Pay Distribution	1					
Check/Deposit Number	Bank Name	Branch Name	Account Numbe	r Curr	ency	Payment Amount
6009197131	MERCHANTS BANK NA	091900193	XXXXXX404	USD		2,015.75

Mayo 403b Plan Employers Contribution	35.14	905.48
Description	Current	Year to Date
Employer Match		



Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address		Employer Address and P	hone Number
2918 Bandel Ct NW ROCHESTER, MN 55901 US		200 FIRST STREET SW Rochester, MN 55905 US (888) 266-0440	

Period Type Period Start Date Period End Date Payment Date Base Salary				
Biweekly	4-Dec-2024	17-Dec-2024	31-Dec-2024	91,351.94

Summary		
Description	Current	Year to Date
Gross Earnings	0.00	91,927.27
Imputed Earnings	0.00	386.86
Pretax Deductions	0.00	6,874.82
Employee Tax Deductions	0.00	11,985.12
Involuntary Deductions	0.00	4,477.53
Voluntary Deductions	-765.67	-1,531.35
Net Payment	765.67	69,734.29

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				0.00	386.86
Miscellaneous Pay Non Benefits				0.00	1,000.00
Paid Time Off	0.00			0.00	13,108.08
Regular Pay	0.00			0.00	77,432.33

Pretax Deductions		
Description	Current	Year to Date
MRA	0.00	48.00
Mayo 403b Plan Employees Contribution	0.00	1,810.82
Mayo Premier	0.00	5,016.00

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	0.00	5,385.52
FIT Withheld	0.00	3,711.82
Medicare Employee Withheld	0.00	1,259.52
SIT Withheld (MN)	0.00	1,628.26

Tax Withholding Information			
Туре	Marital Status	Exemptions	Additional Amount
FEDERAL	Married	8	0.00
MN	Married	8	0.00

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Other Deductions	T. 1						
Description					Current		Year to Date
State Tax Levy Order					0.00		2,946.18
State Tax Levy Order				0.00		765.68	
State Tax Levy Order			0.00		765.67		
Miscellaneous Deduction Nonrecurring				-765.67		-1,531.35	
Net Pay Distribution	l .						
Check/Deposit Number	Bank Name	Branch Name	Account Nur	nber	Curre	ency	Payment Amount
6075422951	MERCHANTS BANK NA	091900193	XXXXXX404		USD		765.67

Mayo 403b Plan Employers Contribution	.00	905.48
Description	Current	Year to Date
Employer Match		



Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address 2918 Bandel Ct NW ROCHESTER, MN 55901 US		Employer Address and F 200 FIRST STREET SW Rochester, MN 55905 US (888) 266-0440	

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	18-Dec-2024	31-Dec-2024	7-Jan-2025	91,351.94

Summary		
Description	Current	Year to Date
Gross Earnings	3,528.48	3,528.48
Imputed Earnings	14.98	14.98
Pretax Deductions	300.27	300.27
Employee Tax Deductions	438.77	438.77
Net Payment	2,774.46	2,774.46

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				14.98	14.98
Paid Time Off	24.00	43.92	1	1,054.05	1,054.05
Regular Pay	56.00	43.92	1	2,459.45	2,459.45

Description	Hours	Rate	Multiple	Current
Paid Time Off	24.00	43.92	1	1,054.05
Regular Pay	56.00	43.92	1	2,459.45

Pretax Deductions		
Description	Current	Year to Date
Delta Dental - Standard	21.00	21.00
Mayo 403b Plan Employees Contribution	70.27	70.27
Mayo Premier	209.00	209.00

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	204.51	204.51
FIT Withheld	129.55	129.55
Medicare Employee Withheld	47.83	47.83
SIT Withheld (MN)	56.88	56.88

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
FEDERAL	Married	8	0.00
MN	Married	8	0.00

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Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
6157123486	MERCHANTS BANK NA	091900193	XXXXXX404	USD	2,774.46

Mayo 403b Plan Employers Contribution	35.14	35.14
Description -	Current	Year to Date
Employer Match		



Employee Name	Person Number	Hire Date	Tax Reporting Unit Name
Benjamin R Austin	274494	12-Mar-2018	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH
Employee Address		Employer Address and I	Phone Number
2918 Bandel Ct NW ROCHESTER, MN 55901 US		200 FIRST STREET SW Rochester, MN 55905 US (888) 266-0440	

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	1-Jan-2025	14-Jan-2025	21-Jan-2025	91,351.94

Summary				
Description	Current	Year to Date		
Gross Earnings	3,528.57	7,057.05		
Imputed Earnings	15.07	30.05		
Pretax Deductions	300.27	600.54		
Employee Tax Deductions	438.77	877.54		
Involuntary Deductions	768.68	768.68		
Net Payment	2,005.78	4,780.24		

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				15.07	30.05
Paid Time Off	16.00	43.92	1	702.70	1,756.75
Regular Pay	64.00	43.92	1	2,810.80	5,270.25

Regular Pay	64.00	43.92	1	2,810.80
Paid Time Off	16.00	43.92	1	702.70
Description	Hours	Rate	Multiple	Current

Pretax Deductions		
Description	Current	Year to Date
Delta Dental - Standard	21.00	42.00
Mayo 403b Plan Employees Contribution	70.27	140.54
Mayo Premier	209.00	418.00

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	204.51	409.02
FIT Withheld	129.55	259.10
Medicare Employee Withheld	47.83	95.66
SIT Withheld (MN)	56.88	113.76

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
FEDERAL.	Married	8	0.00

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ſ	MN	Married	8	0.00

Other Deductions				0	V4- D-4-
Description			F1 (19)	Current	Year to Date
State Tax Levy (	Order	The second secon		768.68	768.68
Net Pay Distribution	1				
Check/Deposit	Bank Name	Branch Name	Account Number	Currency	Payment
Number					Amount
6288409747	MERCHANTS	091900193	XXXXXX404	USD	2,005.78
	BANK NA				

Description Mayo 403b Plan Employers Contribution	Current 35.14	Year to Date 70,28
Employer Match		V 4.5.4